

Privacy Act Form

( Please Print or Type )

Mr.

Claimant's Name :

Mrs.

(Last Name)

(First)

(Middle)

Ms.

Address:

(Street or P.O. Box)

(City)

(State & Zip Code)

Home Phone: \_\_\_\_\_ Work Phone:

Date of Birth:

Claimant's Social Security Number:

Please check ( ) the type of Social Security benefits applied for:

\_\_\_\_ Supplemental Security Income  
Benefits

\_\_\_\_ Retirement

\_\_\_\_ Social Security Disability  
Benefits

\_\_\_\_ Survivor's

\_\_\_\_ Disabled Widow/Widower's Benefits  
Benefits

\_\_\_\_ Black Lung

If your claim has been denied, have you filed an appeal?

If yes, what is the date you filed the appeal ?

At what level is your appeal? (Reconsideration, Administrative  
Law Judge, Appeals Council, Federal District Court)

Additional Comments:

United States Senator Blanche L. Lincoln and/or members of her staff have my permission to make inquiries into my personal records or files as necessary to assist me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

**Return To: Senator Blanche L. Lincoln**  
**Attention: Betty Ruth Davis**  
**912 West 4<sup>th</sup> Street**  
**Little Rock, Arkansas 72201**  
**Office: (501) 375-2993 or toll free (800) 352-9364**  
**Fax: (501) 375-7064**